CANDIDATE FOR MPM DESIGNATION Confidential Letter of Recommendation NATIONAL ASSOCIATION OF RESIDENTIAL PROPERTY MANAGERS

Applicant Name:					
Company:					
Address:					
City:		State:		Zip:	
To the person completing this	form:				
The applicant whose name ap Association of Residential Pro MPM designees and three rec objectively as possible. You of When complete, please place name across the seal and retur confidential. Thank you for y	operty Managers. One ommendations from clican be assured that the the recommendation in it to the applicant. Y	of the requirement ients. Please answapplicant will not an envelope, add	nts is to obtain wer all question t have access dress it to the	n two recommend ons that apply to to this letter.	lations from current you as completely and e envelope, sign your
Name of Person Completing					
Position/Title:					
Address:					
Phone:	Fax:		Email:		
How long have you known the applicant?		Are you:		aster Property Ma ient or former clie	anager? ent of the Applicant?
Under what circumstances ha	ve you known the appli	icant?			
How would you describe the a management as a profession?					eal estate
If you are a current or former	client, how would you	describe the appl	icant's ability	as a property ma	inager?
Additional Comments:					
	applicant for the MPM this applicant for the M		_ _	int. int.	
Signatura:			г)ate:	